



AIR QUALITY BUREAU  
ATTN: BART Review  
7900 Hickman Rd., Suite 1  
Urbandale, IA 50322  
FAX (515) 242-5094

## BART ELIGIBILITY CERTIFICATION FORM

Please see attached instructions.

### FACILITY INFORMATION

1) Company Name		6) Facility Name (if different than #1)	
2) Primary Facility Contact Person/Title		7) Equipment Location Address (if different than #5)	
3) Telephone Number and Email Address		8) City/State/Zip	
4) Address correspondence should be sent to		9) SIC Code(s)	
5) City/State/Zip		10) Provide Brief Business Description and Principal Product	
11) Does this facility have any BART eligible sources?	<input type="checkbox"/> No. Please sign, date, and return the form to the address above. <input type="checkbox"/> Yes. Please complete the items below, sign, date, and return the form to the address above. Additional space is provided on the back of this form. Please make extra copies as needed.		

### BART ELIGIBLE EMISSION UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

### 18. ANNUAL EMISSION TOTAL (Ton per year)

(12) Emission Unit ID Number	(13) Emission Unit Name	(14) Permit Number (if applicable)	(15) Date Commenced Construction /Reconstruction	(16) Date of Start Up	(17) Date of Modification	PM <sub>10</sub> Potential	NO <sub>x</sub> Potential	SO <sub>2</sub> Potential	VOC Potential

### CERTIFICATION

I CERTIFY THAT BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE INFORMATION CONTAINED ON THIS FORM IS TRUE, ACCURATE AND COMPLETE.

19) RESPONSIBLE OFFICIAL'S NAME/TITLE	
20) RESPONSIBLE OFFICIAL SIGNATURE	
21) DATE	

[illegible]